

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>ARIZONA GRASSROOTS ACTION PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00558445	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Connect Strategic Communications LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 21 / 2016</b>	
Mailing Address <b>PO Box 141251</b>		Amount <b>91275.00</b>	
City <b>Dallas</b>	State <b>TX</b>	Zip Code <b>75214</b>	Transaction ID : <b>SE.5171</b>
Purpose of Expenditure <b>IE-Oppose Kelli Ward-Digital Ads</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 19 / 2016</b>
Name of Federal Candidate <b>KELLI WARD</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AZ</b>
Calendar Year-To-Date Per Election for Office Sought <b>136324.51</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Outlaw Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 21 / 2016</b>	
Mailing Address <b>1000 Wilson Blvd., Ste. 2600</b>		Amount <b>12000.00</b>	
City <b>Arlington</b>	State <b>VA</b>	Zip Code <b>22209</b>	Transaction ID : <b>SE.5170</b>
Purpose of Expenditure <b>IE-Oppose Kelli Ward-Media Production</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 21 / 2016</b>
Name of Federal Candidate <b>KELLI WARD</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AZ</b>
Calendar Year-To-Date Per Election for Office Sought <b>248324.51</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>103275.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Lisa Lisker*

[Electronically Filed]

Date

 MM / DD / YYYY  
**04 / 22 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>ARIZONA GRASSROOTS ACTION PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00558445	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Target Enterprises LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 21 / 2016</b>	
Mailing Address 15260 Ventura Blvd Ste. 1240		Amount <b>100000.00</b>	
City Sherman Oaks	State CA	Zip Code 91403	Transaction ID : <b>SE.5169</b>
Purpose of Expenditure IE-Oppose Kelli Ward-Media Buy	Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 19 / 2016</b>	
Name of Federal Candidate KELLI WARD		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AZ</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>100000.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>203275.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lisa Lisker

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Date

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**04 / 22 / 2016**

Signature